

# Information copy. Do not send to IRS.

Form **990-N**Department of the Treasury

Internal Revenue Service

## **Electronic Notice (e-Postcard)**

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 7/1/2014, and ending 6/30/2015.					
B Check if applicable ☐ Terminated, Out of Business ☑ Gross receipts are normally \$50,000 or less	C Name of organization: CENTER FOR POLITICAL ECOLOGY d/b/a:	D Employer Identification			
	PO Box 8467 Santa Cruz, CA, US, 95061	Number 77-0254129			
	F Name of Principal Officer: Barbara Laurence				
E Website:	PO Box 8467 Santa Cruz, CA, US, 95061	_			

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

<u>Note:</u> This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



#### John Teuteberg

From:

epostcard@urban.org

Sent:

Monday, November 16, 2015 10:30 AM

To:

jjtcpa@cruzio.com

Subject:

Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: CENTER FOR POLITICAL ECOLOGY

EIN: 77-0254129

Submission Type: Form 990-N

Year: 2014

Submission ID: 7800582015320co23787 e-File Postmark: 11/16/2015 1:21:19 PM

Accepted Date: 11/16/2015

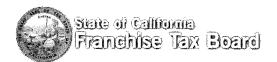
The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

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e-Postcard technical support Phone: 866-255-0654 (toll free) email:ePostcard@urban.org

CENTER FOR POLITICAL ECOLOGY PO Box 8467 Santa Cruz, CA 95061





## Session expires in 19:52

## 199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on November 16, 2015 10:06 AM.

**Confirmation Number:** 

165851932001

# **Entity Information**

**Entity ID:** 

1658519

**Entity Name:** 

CENTER FOR POLITICAL ECOLOGY

**Account Period Beginning:** 

JULY 01, 2014

**Account Period Ending:** 

JUNE 30, 2015

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

**Gross Receipts:** 

\$49,624

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Date IRS Form 1023/1024 Filed:

N/A

FEIN:

770254129

**Doing Business As:** 

Website Address:

# **Entity's Mailing Address**

PO BOX 8467 SANTA CRUZ, CA 95061

# Principal Officer's Information

Name: BARBARA LAURENCE

PO BOX 8467

SANTA CRUZ, CA 95061



## **Contact Information**

Name:

**BARBARA LAURENCE** 

Phone:

831.359.9215

Print

Close Window

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

Back to Top

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#### MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS: http://ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number 75828		Check if:					
State Charity Registration Number 75828  Center for Political Ecology	Cna	ange of address					
Name of Organization Amended report							
P.O. Box 8467							
Address (Number and Street)	Corporate or Organization No. 1658519						
Santa Cruz CA 95061 City or Town, State and ZIP Code	Federal E	mployer I.D. No. 77-02	54129				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	··	Fee			
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 Between \$1,000,001 and \$10 million \$75 Between \$10,000,001 and \$50 million			\$150 \$225			
DADT A ACTIVITIES		Greater than \$50 million		\$300			
PART A - ACTIVITIES	0.6.7	20/15					
For your most recent full accounting period (beginning 07/01/14 endir							
Gross annual revenue \$ 49,624 Total assets \$							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE P							
Note: If you answer "yes" to any of the questions below, you must attach a separate response. Please review RRF-1 instructions for information required.	sheet pro	viding an explanation and de	tails for eac	h "yes"			
			Yes	No			
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?				x			
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?							
During this reporting period, did non-program expenditures exceed 50% of gross revenues?							
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.							
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.							
During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.							
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the							
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated							
by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this							
organization's area code and telephone number 831-459-4541							
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and							
belief, it is true, correct and complete.							
Signature of authorized officer Printed Name		Title	Date				



N



1. CORPORATE NAME

Center For Political Ecology

# State of California Secretary of State

## **Statement of Information**

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions. IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY SANTA CRUZ SANTA CRUZ STATE ZIP CODE SANTA CRUZ STATE ZIP CODE CA 95060  MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE P.O. Box 8467 Santa Cruz CA 95061-8467  Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)  6. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE James O'Connor P.O. Box 8467 Santa Cruz CA 95061-8467  6. SECRETARY ADDRESS CITY STATE ZIP CODE Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California Street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Scretary of State a derrifticate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.  8. NAME OF AGENT FOR SERVICE OF PROCESS Barbara Laurence P.O. Box SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE Santa Cruz CA 95061 Common Interest Developments  10. Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Common Interest Development Act, (California Civil Code section 5606), et seq.) in under the Common Interest Development Act, (California Civil Code section 5606), et seq.) in under the Common Interest Development Act, (California Civil Code section 5606), et seq.) in under the Common Interest Development Act, (California Civil Code section 5606), et seq.) in under the Common Interest Development Act, (California Civil Code section 5606), et seq.) in under the C									
3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY  Santa Cruz  Santa Cruz  Santa Cruz  Santa Cruz  Santa Cruz  CA  95060  4. MAILING ADDRESS OF THE CORPORATION  CITY  STATE  ZIP CODE  P.O. Box 8467  Santa Cruz  CA  95061-8467  Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)  5. CHIEF EXECUTIVE OFFICER/ ADDRESS  CITY  STATE  ZIP CODE  James O'Connor  P.O. Box 8467  Santa Cruz  CA  95061-8467  6. SECRETARY  ADDRESS  CITY  STATE  ZIP CODE  Barbara Laurence  P.O. Box 8467  Santa Cruz  CA  95061-8467  7. CHIEF FINANCIAL OFFICER/ ADDRESS  CITY  STATE  ZIP CODE  Barbara Laurence  P.O. Box 8467  Santa Cruz  CA  95061-8467  Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address, a P.O. Box address, a P.O. Box address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.  8. NAME OF AGENT FOR SERVICE OF PROCESS Barbara Laurence  9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL  CITY  STATE  ZIP CODE  Santa Cruz  CA  95060  Common Interest Developments  10  Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Add, (California Civil Code section 56045(a) and 6760(a). Please see instructions on the reverse side of this form.  11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.  Barbara Laurence  Sec./Treasuer  DATE  TYPE/PRINT NAME OF PERSON COMPLETING FORM  TITLE  SIGNATURE	2. CALIFORNIA CO		This Space for Filing Use Only						
Santa Cruz  CA 95060  MAILING ADDRESS OF THE CORPORATION  CITY STATE ZIP CODE  P.O. Box 8467  Santa Cruz  CA 95061-8467  Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)  S. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE  James O'Connor P.O. Box 8467 Santa Cruz CA 95061-8467  Secretary ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  T. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.  NAME OF AGENT FOR SERVICE OF PROCESS Barbara Laurence 9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE Santa Cruz CA 95061-8467  Santa Cruz	Complete Principal Office Address (Do not abbreviate the name of the city, Item 3 cannot be a P.O. Box.)								
Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)  5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE  James O'Connor P.O. Box 8467 Santa Cruz CA 95061-8467  6. SECRETARY ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  8. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  8. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  8. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE  Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  8. Sonta Cruz CA 95061-8467  8. Sonta Cruz CA 95061-8467  8. Sonta Cruz CA 95061-8467  8. NAME OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, if AN INDIVIDUAL CITY STATE ZIP CODE  114 Grover Lane Santa Cruz CA 95060  Common Interest Developments  10 Check here if the corporation is an association formed to manage a common interest development under the Davis-Slirling Common Interest Development Act, (California Civil Code section 650, et seq.). The corporation must file a Statement by Common Interest Development Act, (California Civil Code section 650, et seq.). The corporation must file as Statement by Common Interest Development Act, (California Civil Code section 650, et seq.). The corporation must file as Statement by Common Interest Development Act, (California Civil Code section 650, et seq.). The corporation must file as Statement by Common Interest Development (California Civil Code section 650, et seq.). The corporation must file as Statement by Common Interest Development Act, (California Civil Code section 650	3. STREET ADDRES	S OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE				
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Barbara Laurence P.O. Box 8467 Santa Cruz CA 95061-8467  Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.  8. NAME OF AGENT FOR SERVICE OF PROCESS Barbara Laurence 9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE 114 Grover Lane Santa Cruz CA 95060  Common Interest Developments  10. Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 6500, et seq.) or under the Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.  11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.  Barbara Laurence Sec./Treasuer  TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE	6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE				
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